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**** CONTINUING DATA *******

This application is a CIP of 09/855,095 05/14/2001 PAT 6,695,943
 which is a CIP of 09/311,156 05/13/1999 PAT 6,354,990
 which is a CIP of 09/181,539 10/28/1998 PAT 6,728,383
 and is a CIP of 09/181,540 10/28/1998 PAT 6,432,247
 and is a CIP of 09/181,541 10/28/1998 PAT 6,438,244
 and is a CIP of 09/181,842 10/28/1998 PAT 6,254,526
 and is a CIP of 09/181,843 10/28/1998 PAT 6,434,248
 and is a CIP of 09/181,844 10/28/1998 PAT 6,228,020
 and is a CIP of 09/181,845 10/28/1998 PAT 6,473,512
 which is a CIP of 09/084,864 05/26/1998 PAT 6,022,311
 This application 10/784,534
 is a CIP of 10/097,540 03/11/2002 PAT 6,761,789
 which is a DIV of 09/311,156 05/13/1999 PAT 6,354,990

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/17/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 11	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

22920

TITLE

METHOD OF MANUFACTURING A SOFT HEARING AID

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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1167	No. _____ for following:	<div>time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit _____</div>
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